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DEPT FOR AF/S; AF/EPS; AF/EPS/SDRIANO  
DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR  
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU KHELL  
USAID ALSO FOR GH/OHA/CCARRINO AND ROGERS, AFR/SD/DOTT  
ALSO FOR AA/EGAT SIMMONS, AA/DCHA WINTER  
HHS FOR THE OFFICE OF THE SECRETARY/WSTEIGER, NIH/HFRANCIS  
CDC FOR SBLOUNT AND DBIRX

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SUBJECT: SOUTH AFRICA PUBLIC HEALTH June 2 2006 ISSUE

Summary

11. Summary. Every two weeks, Embassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: South African Child Mortality High, Shortage of South African Nurses, Student Aid Funds Lose R8 Million Annually, KZN Survey Shows High Risk Behaviors, MRC Survey Shows Overweight Children in Primary School, Modeling Center Opens at Stellenbosch, High Cost of HIV/AIDS to Business Sector, UNGASS Will Hear Two Sides of SA AIDS Story, SA Health Costs to Increase, and Pediatric HIV/AIDS. End Summary.

South African Child Mortality High

12. South Africa is one of only seven countries on the continent where child deaths are rising, reversing a steady drop that began in the mid-1990s. Angola, Burundi and Somalia, have been more successful in curbing child deaths than South Africa, while Botswana, Zimbabwe, Zambia, Kenya, Rwanda and Swaziland also have rising child mortality rates. High rates of poverty and HIV/AIDS take a toll on South African youth. Every hour, 10 children under five years of age die. Almost one in 10 children will not survive to see their fifth birthday. For most South African children dying before the age of five, HIV/AIDS, diarrhea, respiratory tract infection and malnutrition are the primary causes of death. According to the Medical Research Council, 40% of children who die before they are five die as a result of HIV/AIDS. Another 30% die as a result of diseases of poverty. For the poorest, basics such as clean water and fuel can be hard to obtain. In South Africa, a little over half of all children live in rural areas, where the challenge of survival is often related to the most basic of needs. The Children's Institute has conducted research near Butterworth, the fourth poorest district in the Eastern Cape with an average monthly expenditure of R800 (\$125, using 6.4 rands per dollar) per household. Most of the roads are unpaved and impassable during summer rains. The Department of Health's mobile clinics cannot get through when it rains, leaving about 3,000 people with no access to health care services. The schools complain that bread trucks for the feeding scheme cannot get through either. The area has no water, electricity, sanitation services. While a few residents have dug their own

pit latrines and bought zinc or ready-made top structures, the majority use the bucket system, open field or the ruins of old buildings for their sanitary facilities. According to a survey of child care providers in October 2005, more than one third of all the children had been sick in the previous three months with one or more of the following diseases: asthma, flu, diarrhea or vomiting. One in 10 had suffered from diarrhea or vomiting, and one in 10 was an asthma sufferer due to respiratory problems associated with smoke inhalation from cooking fires. Younger children were most likely to suffer from these health problems, and almost half of all children under six years had ill health. Source: IRIN Plus News, May 25 and The Pretoria News, May 29.

#### Shortage of South African Nurses

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¶3. The number of South African nurses increase 10% a year while the population increases by 14%, resulting in a gradual shortage of fully-qualified nurses. South African Nursing Council (SANC) statistics from a population survey dated December 31, 2005 showed there was one auxiliary nurse for every 577 people in Gauteng Province, the most populated and wealthiest province in South Africa. The South African nursing profession lacks nurses trained for intensive care units, operating rooms, midwifery and mental health. Although the SANC register reflected that there were 99,534 professional nurses or midwives, 37,085 enrolled nurses or midwives and 54,650 enrolled nursing auxiliaries, the SANC could not confirm that these nurses were working in the South African health care system. The majority of professional nurses in South Africa were over the age of 40 years which means they will be retiring in the next 10 years. Some of the reasons for the shortages include poor working conditions, a high rate of violence and

PRETORIA 00002249 002.2 OF 004

abuse in the workplace, lack of training opportunities and the burden of HIV/AIDS as nurses are now terminal caregivers. Source: IOL, May 12.

#### Student Aid Funds Lose R8 Million Annually

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¶4. The National Students' Financial Aid Scheme (NSFAS) writes off R8 million (\$1.25 million) per year in outstanding loans because of student deaths, half of which are estimated to be AIDS-related. Other causes of death in the student population are traffic casualties and heart attacks, but most are from opportunistic infections, such as tuberculosis and pneumonia which are closely related to HIV/AIDS. There is no comprehensive study on the student HIV/AIDS prevalence rates; however, some universities have conducted their own surveys. In 2000, the University of Durban-Westville, now part of the larger University of KwaZulu-Natal, found that HIV/AIDS infections rate were 26% among women and 12% among males at the university. The university is one of the few South African universities that offer free antiretrovirals to infected students. Source: City Press, May 21.

#### KZN Survey Shows High Risk Behaviors

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¶5. A survey of 1,600 students in the Kwa-Zulu Natal province shows increasingly risky behavior in students aged 16-18. The University of KwaZulu-Natal's Sports Science Department sponsored the survey investigating the habits of high school students in the province. Approximately half (50.3%) of the students drank, with students aged 17 consuming the most alcohol. Only 30% of students engaged in safe sex. Roughly 17% of students smoked while 12.2% carried weapons to school (10% carried knives and nearly 2.5% carried guns). Only 60% are actively involved in sports, with 77.4% of students watching television 3 or more times per week. Source: Sunday Times, May 21.

#### MRC Survey Shows Overweight Children in Primary School

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¶6. A new study of South African primary school children, published in the South African Medical Journal, shows that 25% of girls and 17% of boys are either overweight or obese. The research found that 17.9% of girls and 14% of boys were overweight and 4.9% of girls and 3.2% of boys were obese. The study points to a future sedentary South African population having an increased risk of chronic diseases such as diabetes and hypertension. The study used body mass index, BMI or weight divided by height squared, to calculate obesity, with a BMI above 25 overweight and above 30 obese. Recent research by the Medical Research Council found the 22% of children between the ages of one and nine were either overweight or obese. Source: Business Day, May 23.

#### Modeling Center Opens at Stellenbosch

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¶7. The South Africa Center of Excellence in Epidemiological Modeling and Analysis (SACEMA) opened at Stellenbosch University after two years of planning. SACEMA is a multi-disciplinary project combining mathematics, medical research, statistics, and biology in order to find out how diseases are spread in Africa. The Center will focus on HIV/AIDS, tuberculosis and malaria and will provide interested governments advice on formulating health policies. The Center's director is Professor John Hargrove, a biologist who specialized in research on the tsetse fly. Source: Cape Argus, May 22.

#### High Cost of HIV/AIDS to Business Sector

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¶8. Several studies have detailed the direct impact of HIV/AIDS on the business sector. In a survey on absenteeism in Gauteng Province's tourist industry, Empowerment Concepts (EC) found that the number of employees taking days off has risen sharply and the increase is directly correlated with the rise in HIV prevalence levels. Sick leave levels are expected to reach 5.3% of working days by 2012, according to EC research. For

PRETORIA 00002249 003 OF 004

each direct working day lost to illness, another three are lost to indirect costs. Almost 50% of absenteeism is due to respiratory tract infections, 14.5% to gastro-intestinal infections, and 10.4% to ear-nose-throat illness. About one-third of the workforce that took sick leave was aged 26-30. By 2012, HIV-related direct and indirect costs to business will reach 26% of payroll costs compared with 8.4% in 2003 and 1.9% in 1998. Another research firm, CAM Solutions, estimated that increased absenteeism by infected employees cost R12 billion (\$2 billion) in 2005. Daimler Chrysler reported that its direct financial cost of sick leave was 4% of payroll, while AngloGold Ashanti expects that HIV/AIDS-related absenteeism will cost 17% of payroll by 2009. These cost projections do not include the potential provision of ARV treatment, which has been expensive for those employees having no medical insurance. Brad Mears, Chief Executive Officer of the SA Business Coalition on HIV/AIDS cites two differing business approaches to the pandemic. A 'rational' approach is to pay attention only to the performance of the business without considering the long-term impact, in the belief that HIV has no effect on operations. He believes most small companies use this approach. A 'reasonable' approach looks at the long term impact of the disease and that dismissing infected workers would merely add to the unemployed, and undermining security of the business environment. Source: Financial Mail, May 26.

#### UNGASS Will Hear Two Sides of SA AIDS Story

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¶9. At the United Nation General Assembly Special Session (UNGASS) on AIDS, delegates will hear two opposing views of South African HIV/AIDS policies. Health Minister Tshabalala-Msimang will present the government's Strategic Plan for 2000

to 2005 and the Comprehensive Plan for Management, Care and Treatment of HIV/AIDS. According to these reports, by the end of March 2006, over 130,000 patients had started antiretroviral (ARV) treatment in government facilities. She will also state that the Health Department has exceeded its target of establishing at least one service facility for AIDS-related care and treatment in all of the 53 health districts before the end of March 2005. The Treatment Action Campaign (TAC), not an official part of the South African delegation this year, will report that the government's reports are too optimistic. According to TAC, the government's report does not acknowledge the extent of HIV/AIDS on South Africa, and ignores the fact that there are 1,500 new infections daily or that 800,000 need ARV treatment. TAC also criticizes the absence of treatment targets set by the South African government, decrying a lack of government leadership towards combating HIV/AIDS. Source: City Press, May 28.

#### SA Health Costs to Increase -----

¶10. According to the Health Economics & HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal, South African health care costs will increase sharply as the country's high HIV/AIDS prevalence rate begins to impact health care facilities. HIV/AIDS patients will account for 60% and 70% of expenditures in medical wards. Health Systems Trust researchers estimate that only 12 to 13% of patients in need of antiretroviral treatment receive it. As the number of AIDS patients increase, there will be a greater demand for skilled health workers, medication and hospital facilities, all of which will place a growing financial burden on providing health care facilities on the Department of Health. Source: The Star and The Citizen, May 29.

#### Pediatric HIV/AIDS -----

¶11. According to the Medical Research Council, about 37,000 children are born HIV-positive in South Africa every year and a further 26,000 are infected through breast feeding in 2004. A study done by Tammy Meyers, director of the Children's Clinic at Hani-Baragwanath Hospital, found that at least half of all pediatric admissions were due to HIV-related illnesses. Pediatric antiretroviral treatment can cost much more than prices of adult ARV drugs, with many health care workers using the adult medicine and estimating the dosage needed. Source: The Sunday Independent, May 28.

PRETORIA 00002249 004 OF 004

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